

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000639

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

19

STATE FILE NUMBER

VS 300
Rev. 4/59

16168

210072

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4 1

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Sikeston	
Length of stay in 1b 77 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 623 Moore St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last Laura Elizabeth Shively		Month Day Year January 1, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/06
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John W. Green		13b. MOTHER'S MAIDEN NAME Laura V. Coleman	
14. NAME OF HUSBAND OR WIFE Harold E. Shively		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. X		17. INFORMANT Harold E. Shively-Sikeston, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Complicated by cerebral metastases) DUE TO (c) Edema and death.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a))		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-2-62 to 1-1-63 and last saw her/him alive on 1-1-63 Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Glenn M. Kasten M.D.	
22b. ADDRESS 714 Broadway Mo. 1-8-63		22c. DATE SIGNED Mo. 1-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 1, 1963	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery Caruthersville, Mo.	
24. FUNERAL DIRECTOR H.S. Smith F. Home - Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 1-8-1963	
26. REGISTRAR'S SIGNATURE Glenn Kasten			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

This certificate taken to Doctor: 1/5/63

Certificate received back from Doctor: 1/8/63.